

Peace of Mind *and*  
Real Cash Benefits



GROUP ACCIDENT INSURANCE

AC1<sup>G</sup>



Aflac<sup>®</sup>

We've got you under our wing.\*



# GROUP ACCIDENT INSURANCE

Policy Series CA7700MD

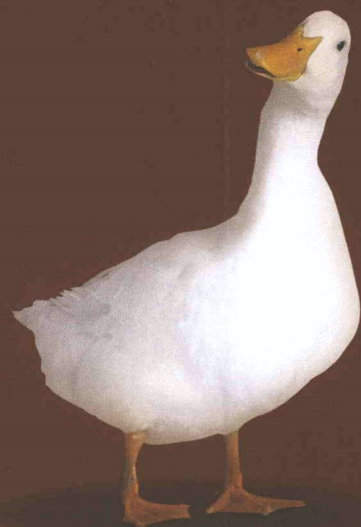
# AC1<sup>G</sup>

## Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.



### FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

# 33.2

**MILLION**

The number of people who in 2005 sought medical attention for an injury; 2.8 million people were hospitalized for injuries.\*

\*Injury Facts 2008, National Safety Council.



## HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<b>HOSPITAL ADMISSION</b> We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.	\$1,000	\$1,000	\$1,000
<b>HOSPITAL CONFINEMENT (per day)</b> We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.	\$200	\$200	\$200
<b>HOSPITAL INTENSIVE CARE (per day)</b> This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.	\$400	\$400	\$400
<b>Extension of Hospital Benefits</b> – If the <b>Hospital Confinement</b> or <b>Hospital Intensive Care Benefits</b> are being paid and your coverage is terminated under this Plan these benefits will be payable in accordance with the provisions above until the earlier of: (1) the date you are discharged from the hospital; or (2) 12 months after the date coverage terminates.			
<b>MEDICAL FEES (for each accident)</b> If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident. This benefit is not payable for treatment received more than one year after the accident.	\$125	\$125	\$75
<b>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)</b> Quadriplegia Paraplegia	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL-DEATH</b>	\$50,000	\$10,000	\$5,000
<b>ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)</b>	\$100,000	\$50,000	\$15,000
<b>SINGLE DISMEMBERMENT</b>	\$6,250	\$2,500	\$1,250
<b>DOUBLE DISMEMBERMENT</b>	\$25,000	\$10,000	\$5,000
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	\$1,250	\$500	\$250
<b>PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)</b>	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

**Extension of Dismemberment Benefits** – If you suffer a dismemberment after your coverage terminates, we will pay the dismemberment benefit as shown in the Benefit Schedule in accordance with the Dismemberment Benefit provisions if: (1) the covered accident occurred while you were covered under this Plan; and (2) the loss occurs within 90 days after the covered accident. If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

**Extension of Accidental Death Benefits** – If you are injured in a covered accident and those injuries cause your death after this plan terminates, we will pay the appropriate Accidental Death benefit if you die within 90 days after the accident and you were covered under this Plan when the accident occurred.

**Accidental Injury** means bodily injury caused solely by or as the result of a Covered Accident.

**Covered Accident** means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.



## MAJOR INJURIES (diagnosis and treatment within 90 days)

### EMPLOYEE SPOUSE//CHILD

#### FRACTURES (closed reduction):

Hip/Thigh	\$4,500	\$4,000
Vertebrae (except processes)	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (mandible)	\$1,800	\$1,600
Skull (simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

• Open reduction is paid at 150% of closed reduction.

• Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.

• Chip fractures are paid at 10% of the fracture benefit.

• Partial dislocations are paid at 25% of the dislocation benefit.

#### DISLOCATIONS (closed reduction):

Hip	\$3,600	\$2,700
Knee (not knee cap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

## SPECIFIC INJURIES

### EMPLOYEE//SPOUSE//CHILD

#### RUPTURED DISC

(treatment within 60 days; surgical repair within one year)

Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400

#### TENDONS/LIGAMENTS

(within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.

\$400 (Single)  
\$600 (Multiple)

#### TORN KNEE CARTILAGE

(treatment within 60 days; surgical repair within one year)

Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400

#### EYE INJURIES

Treatment and surgical repair within 90 days	\$250
Removal of foreign body	\$50

#### CONCUSSION

(a head injury resulting in electroencephalogram abnormality)	\$200
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COMA (lasting 30 days or more)	\$10,000
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### EMPLOYEE//SPOUSE//CHILD

#### EMERGENCY DENTAL WORK (per accident)

Repaired with crown	\$150
Resulting in extraction	\$50

#### BURNS (treatment within 72 hours and based on percent of body surface burned):

##### Second-Degree Burns

Less than 10%	\$100
At least 10%, but less than 25%	\$200
At least 25%, but less than 35%	\$500
35% or more	\$1,000

##### Third-Degree Burns

Less than 10%	\$500
At least 10%, but less than 25%	\$3,000
At least 25%, but less than 35%	\$7,000
35% or more	\$10,000

First-degree burns are not covered.

#### LACERATIONS (treatment and repair within 72 hours):

Under 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400
Lacerations not requiring stitches	\$25

Multiple Lacerations: We will pay for the largest single laceration requiring stitches.

## ADDITIONAL BENEFITS

EMPLOYEE//SPOUSE//CHILD

### AMBULANCE

\$100

### AIR AMBULANCE

\$500

If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.

### BLOOD/PLASMA

\$100

If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.

### APPLIANCES

\$100

We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

### INTERNAL INJURIES

\$1,000

(resulting in open abdominal or thoracic surgery)

### ACCIDENT FOLLOW-UP TREATMENT

\$25

We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

### EXPLORATORY SURGERY

\$250

[without repair (i.e., arthroscopy)]

### PROSTHESIS

\$500

If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.

### PHYSICAL THERAPY

\$25

We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

### TRANSPORTATION

\$300 (train/plane)  
\$150 (bus)

If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.

### FAMILY LODGING BENEFIT (per night)

\$100

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. Your local physician must prescribe the treatment.

### WELLNESS BENEFIT (per 12-month period)

\$60

We will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.



## LIMITATIONS AND EXCLUSIONS

### WE WILL NOT PAY BENEFITS FOR ANY LOSS COVERED UNDER THIS PLAN THAT IS CONTRIBUTED TO, CAUSED BY, OR RESULTS FROM YOU.

- (1) War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- (2) Suicide - committing or attempting to commit suicide, while sane or insane.
- (3) Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- (4) Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
- (5) Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
- (6) Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- (7) Aviation - operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those that are not motor-driven.
- (8) Sports - participating in any organized sport: professional or semi-professional.
- (9) Driving - driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- (10) Avocations - mountaineering using ropes and/or other equipment, parachuting or hand-gliding.

The following exclusions are only applicable to the Accidental Dismemberment and Accidental Death Benefits.

**Felony, Illegal Job** - We will not pay benefits for a loss for which the contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation.

**Intoxication** - We will not pay benefits for a loss sustained or contracted as the result of your being intoxicated or under the influence of any narcotic.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

**You and Your** refer to an employee as defined in the plan.

**Spouse** means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

**Dependent Children** means your natural children, step-children, foster children, legally adopted children or children placed for adoption, grandchildren, or minor for whom guardianship is granted by court or testamentary, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on a Dependent Child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental or physical incapacity and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

### PORTABLE COVERAGE

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

### TERMINATION

Insurance for an insured employee will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date the employee ceases to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows the employee's 70th birthday, or (5) the date the employee is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

### EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

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